

Research Facing Primary Care: A Guide to Achieving a Good Start to your Research Project.

Preamble

As many patients with common chronic diseases are increasingly managed exclusively in general practice, good access to potentially large volumes of patients may only be possible through access via primary care or direct-to-patient approaches. The “traditional” research approach: waiting for suitable patients to have contact with secondary care, increasingly results in poor yield. Better recruitment strategies may exist. Innovative recruitment methods are increasingly employed.

This paper is aimed at those new to primary care facing research and to more experienced researchers interested in this pool of patients.

R&D

NHSGGC R&D staff have research study responsibilities defined in several ways. Broadly, teams of staff are responsible for commercial, sponsored or hosted studies and these designations are further stratified by study risk. For points of contact, please see our website:

<http://www.nhsggc.org.uk/about-us/professional-support-sites/research-development/rd-management-office/how-can-you-contact-us/>

Ethics Application

Although hosted in NHS GGC R&D, ethics committees are independent from other organisations. For information about ethics applications, please refer to the website:

<http://www.nhsggc.org.uk/about-us/professional-support-sites/research-development/west-of-scotland-research-ethics-service/>

Experience and common sense encourages a thoughtful and comprehensive proposal for recruitment to be made with the initial ethics submission. Strategies to be proposed for patient recruitment and contained in an ethics application in may include the use of

- Primary care and secondary care databases, held either remotely or locally
- SHARE
- Direct identification of potential subjects in clinical practice in primary and secondary care directly or through the SPCRN / GGC primary care team
- Referral from colleagues
- Word of mouth
- Traditional and social media including newspaper advertisement, press release, posters in NHS and public sites

We are developing experience in all these areas. Dr John Haughney may be a good point of contact for assistance in developing your recruitment ideas.

SHARE

Glasgow has two members of the SHARE steering group, Dr Roma Armstrong and Dr John Haughney. Both also have knowledge and experience of the strengths and weaknesses of Glasgow's Safe Haven data repository and can advise researchers on the feasibility of identification of suitable study subjects through this tool. Guidance on engaging with SHARE is also available. SHARE will charge a variable fee for its service, particularly for commercial studies. This should be agreed and included in study costings:

http://www.registerforshare.org/9_Researchers--Health-Research--NHS-Scotland--Register-for-SHARE.html

Safe Haven

The Safe Haven repository holds approximately 40 datasets including the whole GGC population (n=1.35 million), linked by CHI number. Data can be accessed through the Safe Haven team in GGC R&D or through the Robertson Centre. Outputs are available for the whole GGC population, by individual general practice and, after appropriate consent is given, by individual, deanonymised patient. Advice should be sought as to how best interrogate the database.

Again, Dr Haughney can offer advice as to how best to interrogate the databases

SPCRN and GGC Primary Care Team

The Scottish Primary Care Research Network team in Glasgow and the GGC clinical research primary care team work together to interact with GP practices in GGC and neighbouring Health Boards. It is preferred that contact with GP practices is made through this route. This promotes a co-ordinated approach, the utilization of experience and avoids overwhelming any particular GP practice with multiple requests for involvement in clinical research from multiple sources.

Direct-to-patient Approach

Some potential research participants are not easily identified through clinical databases Approaches using traditional media: newspaper adverts and publically displayed posters or through social media have been very successful. Press releases can sometimes be used. These both highlight research and can be used to recruit. Ethics approval is required. The GGC media relations team help us with these activities. Increasingly there are examples of utilizing social media outlets. These can be useful to identify well described potential study participants. Please contact Dr Haughney for advice.

Collegiate Approach

GGC employs over 80 dedicated research nurses and a large R&D team. The goal of clinical R&D is to encourage and support high quality research. Some busy clinicians can feel overwhelmed by the complexity and workload of conducting a study. R&D co-ordinators, nurse team leads and R&D management can help to set up and deliver a successful research project, including a "co PI" approach if appropriate. Clinical R&D now employs a number of research fellows by disease area group who may be available to support the running of a clinical trial. Each study is unique and the approach to delivering it efficiently and successfully is also unique. Early and close contact with the broad support that is available is recommended.

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Useful contacts:

- R&D Director: Julie.Brittenden@ggc.scot.nhs.uk
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